PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 JUN 0 5 2006 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 IN RUCTIONS: The form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where approximately the presence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated limited corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 24998 7590 03/06/2006 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street, NW Washington, DC 20037 (Depositor's name) (Signature) (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR CONFIRMATION NO. ATTORNEY DOCKET NO. 10/796,988 03/11/2004 Randall L. Hacker A8130.0145/P145 4627 TITLE OF INVENTION: SURGICAL ABRADER WITH SUCTION PORT PROXIMAL TO BEARING APPLN. TYPE SMALL ENTITY **ISSUE FEE** PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$700 \$300 \$1000 06/06/2006 **EXAMINER** ART UNIT **CLASS-SUBCLASS** DAWSON, GLENN K 3731 606-170000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Dickstein Shapiro (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, Morin & Oshinsky LLP (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Arthrex, Inc. Naples, Florida Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🏝 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): □KIssue Fee A check in the amount of the fee(s) is enclosed. ✓ Publication Fee (No small entity discount permitted)
✓ Advance Order - # of Conjes 5 - \$15. (Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Typed or printed name

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Stephen A. Soffen

06/06/2006 MBEYENE2 00000153 10796988 300.00 OP Registration 12591 31,063 15.00 OP

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/796,988-Conf. #4627 Application Number **FEE TRANSMITTAL** March 11, 2004 Filing Date

For FY 2006				First Named Inventor			Randall L. Hacker		
				Examiner Name			G. K. Dawson		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit			761		
TOTAL AMOUNT OF PAYMENT (\$) 1,715.00				Attorney Docket No. A8130.0145/P145					
METHOD OF PAYMEN	T (check all th	at apply)							<u>=</u>
Check X Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro LLP									
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge foe(s) indicated below, expect for the filling for									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fe									
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION (A	·			n filing c	r may	be subjec	t to a surch	arge.)	
1. BASIC FILING, SEARCH	•			אסט בנ	EEC	EVAMINA	TION FEES		
	FILING FEES Small Entity		SEARCH FEES Small Entity			EXAMINATION FEE: Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		e (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500		50	200	100		
Design	200	100	100		50 50	130	65		
Plant	200	100	300	-	50 50	160	80		
Reissue	300	150	500	2:	50	600	300		
Provisional	200	100	0		0	0	0		
2. EXCESS CLAIM FEES								Fee (\$)	Small Entit Fee (\$)
Fee Description Each claim over 20 (include	ing Reissues)							50	25
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims								360	180
Total Claims Extra				Paid (\$) Multiple Depend			ent Claims		
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listings under 37 CFR)
sheets or fraction there	of. See 35 U.	S.C. 41(a)(1)	(G) and :	37 CFR 1	.16(s).				
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = /50 (round up to a whole number) x								Fee F	Paid (\$)
4. OTHER FEE(S)				(round up	10 4 11/10	no mambon, x		Fees	Paid (\$)
Non-English Specificati	on, \$130 fee	(no small en	tity disco	ount)					
Other (e.g., late filing surcharge): 1501 Utility issue fee 1,4									00.00
1504 Publication fee for early, voluntary, or normal 8001 Printed copy of patent w/o color								300.00 15.00	
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Signature	eshi	CUM		(Attorney/Ag		31,063	Telephone	(202) 828	3-4879

Name (Print/Type)

Stephen A. Soffen